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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Α	Application or Docket Number 10/575,442			ing Date 03/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY					HER THAN ALL ENTITY
FOR			NUI	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				N/A		N/A			N/A		]	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))				N/A		N/A			N/A		]	N/A	
	EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A		N/A			N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))				minus 20 =		•		П	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3 =		•			x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			plication entity) the fraction	n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								П			]		
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		]	TOTAL	
											ER THAN ALL ENTITY		
AMENDMENT	10/20/2008	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 7		Minus	<b>~</b> 20			П	x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))	• 2		Minus	3		=	П	x \$ =		OR	x s =	
ΜĒ	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)													
L		CLAIM REMAINI AFTER AMENDM	ING R		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z.	Total (37 CFR 1,16(i))			Minus				П	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))			Minus	***			П	x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))							П			1		
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  KATRINA S. TURNER/  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USPTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to take 12 minutes to complete, encuding pathenapy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.